

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/526027

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | 1 | | | |
| 2 | | | | 1 | | |
| 3 | | | | 1 | | |
| 4 | | | | 1 | | |
| 5 | | | 1 | | | |
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| 50 | | | | | | |
| TOTAL IND. | | 4 | 1 | 4 | | 4 |
| TOTAL DEP. | | 4 | 24 | 4 | | 4 |
| TOTAL CLAIMS | | 8 | 27 | 8 | | 8 |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | | | | | |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | | 4 | | 4 | | 4 |
| TOTAL DEP. | | 4 | | 4 | | 4 |
| TOTAL CLAIMS | | 8 | | 8 | | 8 |